The Canadian Nurse

A Monthly Journal for the Nurses of Canada
Published by the Canadian Nurses Association

VOL. XXXI MONTREAL, QUE., FEBRUARY, 1935 No. 2

THE MONTREAL NEUROLOGICAL INSTITUTE

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The opening of the Neurological Institute has greatly enriched the research and teaching facilities, not only of McGill University and its medical school, but also of the hospitals of Montreal. This remarkable institution, unique in Canada, is the tangible outcome of the response of the Rockefeller Foundation and other interested groups and individuals to the desire of Dr. Wilder Penfield and his associates for opportunities to carry on research while giving care to patients suffering from diseases associated with the nervous system.

The task of carrying on the work of the Institute has been assigned to a group of neurologists and neuro-surgeons together with other members of the medical staffs of Montreal hospitals, including the hospitals of Notre-Dame and Hôtel Dieu. The fact that the mechanism which keeps all other parts of the body functioning and co-ordinates all vital activities lies within the nervous system means that the most fundamental life processes of the patient are involved and gives to the task its crucial importance.

The building itself, designed by the Canadian architects, Ross and Macdonald, is a model of simplicity and beauty and its symbolism is well described by Dr. Colin K. Russel in his article published in the September number of *The McGill News*:

On the outside of the building there are inserted in various places, decorative designs which have appropriate significance. At the third floor level, above the entrance, are seen two types of ancient trephines used in France by Guy de Chauliac in the fourteenth century. On the south-west corner is a stone tablet done from a drawing by Dr. Penfield, the inscription on which reads "Dedicated to relief of sickness and pain and to the study of neurology." On either side of this inscription there are the conventionalized forms of the brain and spinal cord; above it all, the rays of the rising sun of a new era.

The entrance hall, the decoration of which was carried out by Barnet Phillips of New York, is symbolic in character. In a recess, facing the entrance, stands the beautiful statue by Barrias, "Nature unveiling herself before science", and on the walls are inscribed the names of thirteen famous scientists, representative of neurological research, who have by their untiring efforts brought about this lifting of the veil. The ground work of the ceiling is a conventionalization of Golgi's illustration of the nerve cells and the vascular arrangement of brain tissue in the cerebellum. This is surrounded by a border of a repeated pattern which is taken from the form of the cerebral ventricles.

In the centre of the ceiling is the head of Aries the Ram, who, in the signs of the Zodiac, presides over the head and brain. Around him are four Egyptian hieroglyphs: a vulture, a feather, a long slender hook, and what looks like a long tailed Q upside down with the tail to the left. In the Edwin Smith papyrus,

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which dates from 3000 B.C., and is the earliest known scientific document, these four symbols in combination represent the brain, the first mention of that organ in literature. Around this, in a circle, is a Greek inscription taken from Galen's commentaries on the aphorisms of Hippocrates, in which the Father of Medicine states that a wound involving the brain is necessarily fatal; Galen adds this comment: "But I have seen a severely wounded brain healed."

The spirit of the Institute has been beautifully expressed in the article by Dr. Russel referred to above:

> Here in this hall there breathes an appreciation to the gods for those gifts which have been vouchsafed to man by virtue of his energy and service, an acknowledgment to these men of science who have handed on the brightly burning torch, and a prayer that with the help of the munificence that has made possible such a building and equipment, and with the co-operation of the University, we may add further brilliance to that beneficent torch.

The Institute is equipped to care for patients suffering from all organic diseases of the nervous system whether they are to be treated medically or surgically. These include developmental defects, hereditary diseases, pre-natal diseases, injuries to the nervous system, inflammatory diseases, tumours and degenerations. Psychiatric patients may, in some instances, be admitted, when organic disease is known to be associated. There are beds for forty-seven patients, thirty-two being public, nine private and six semi-private. This accommodation is arranged on three floors, the largest units being two twelve-bed wards. Each bed is curtained off, and the bed and the bedside equipment is identical in private and public wards. There are two operating rooms and the X-ray department opens directly from the theatre in which encephalograms and ventriculograms are done. The division for research on animals is completely equipped with operating rooms, examination rooms and kitchen, and is physically well isolated from the hospital proper. This in brief is the plan of the hospital division, and now after four months of use it seems to be very satisfactory. There is a noticeable quietness and repose about the whole building. The units are small and are separated from one another and this helps considerably in preventing noise. The whole atmosphere seems conducive to giving care to this particular group of patients in the best possible manner.

A tremendous amount of nursing is required, and a very high quality is demanded.

The value and effectiveness of neurosurgical nursing, both pre-operatively and post-operatively, depends on intense and accurate observation, which is just as accurately and fully recorded. This ability, combined with a sure knowledge gained from training and experience, enables the nurse not only to recognize and interpret the slightest change in her patient's condition but also to have a fair idea of what the ensuing changes may be and thus to be prepared for them.

Some knowledge of brain anatomy is essential so that, post-operatively, the nurse will know when and where to watch for motor or sensory disturbances, such as changes in hand grips, areas of anaesthesia, weak movements of legs or arms, dsymmetry of facial movements, ptosis of lids, photophobia, unequal pupils, persistent drooling, incontinence, herpes and aphasia. Also she must know what area of the head must be protected against pressure. In occiptal procedures, she must realize that, owing to the severing of large arteries, the blood supply to the back of the head is very poor, and she will accordingly protect her patient's head by frequent turning and by use of doughnuts. In this type of case a very frequent slight movement of the head will prevent the stiff neck which, in many cases, causes almost more distress than the operation itself.

In all craniotomies it is important that the position of the head be such that there is no cramping of the neck, causing pressure on the jugular veins. Due to the oedema which usually follows cranial interference, there is an increase in intracranial pressure, and any interference in the blood flow through the jugulars would increase this pressure still further; the resulting dangers, which must be promptly observed are hemorrhage, restlessness, headache, increasing drowsiness, paralysis, convulsions and speech disturbances. A drowsy patient is a patient who needs close watching. Pulse and respiration Q. 15 minutes, blood pressure q. ½ hour, temperature q. one hour, are routinely taken post-operatively for about twelve hours. To the uninitiated a pulse that seems to be growing stronger, slower and more regular, is to the initiated, a pulse that is developing into a pressure pulse and usually indicates a lumbar puncture, or a hypertonic solution. Straining in turning and moving, or in defecation, must be prevented, particularly in cerebellar cases where a sudden increase in intracranial pressure may cause bulbar paralysis and death. In cases where the swallowing reflex has been injured, the patient should lie on the "good" side while being fed naturally or during nasal feedings. This lessens the danger of choking, or of aspiration of food, or the lodging of food in the cheek. The nurse may control the patient's temperature to a great extent by the removal of bed clothes. When she finds the fever increasing, the blankets are removed and frequently our patients who have a temperature of 101° have only one sheet covering them and the room is quite cool. All temperatures are taken by rectum until normality is reached.

The nurse must literally think for patients who are suffering from paralysis and aphasia and must prevent uncomfortable positions which weary them unnecessarily. Sometimes, if the aphasia is so severe that the patient can do no more than nod the head or blink the eyes for answer, the nursing problem becomes most complicated especially when he confuses "yes" and "no."

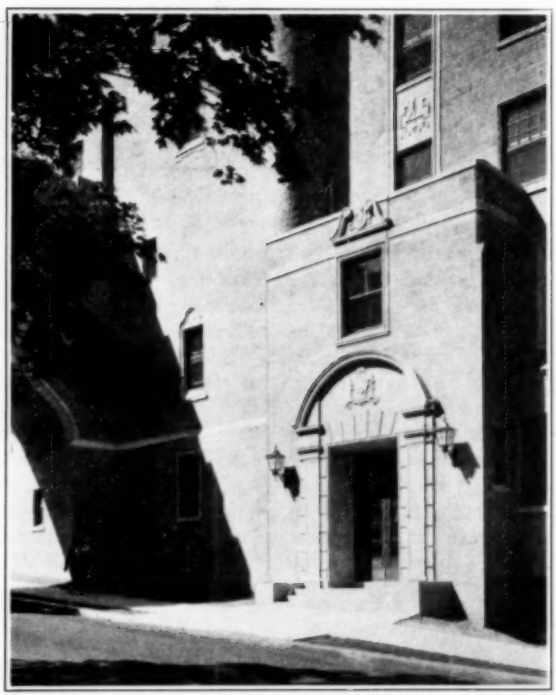
NATURE UNVEILING HERSELF BEFORE SCIENCE

In operations on the spinal cord and in laminectomies the manner in which the patient is moved is most important. Pain caused by movement will cause a certain amount of splinting around the suture line, but all stretching movements must be avoided. The most difficult type to handle is that in which the suture line involves the area over the thoracic and cervical laminae. The simplest method, in any case, is to have the arms straight down at the sides and to roll the patient log-like face downward, first moving him to one side of the bed by means of the draw sheet. The ideal position is face downwards, and we usually try to maintain it for intervals. These patients are

frequently incontinent or unable to void. Dressings must be kept dry and all pressure points protected. Post-operatively, neurosurgical patients suffer from extreme weariness, therefore the nurse should do what she knows must be done with as little fussing as possible. Complete rest and quiet are necessary, but a drowsy patient must not be confused with a sleepy one.

In observation of patients subject to seizures, the nurse has a real problem. Her observations must be true observations not impressions; she must observe accurately and describe in detail all movements in their true sequence from the first movement to complete relaxation, later checking with the patient for aphasia, retrograde amnesia, or full remembrance of seizure. During the seizure the patient must be protected from injury. The nurse must really do the impossible, remembering all the while that the word picture she presents on the patient's chart is one of the major aids in the doctor's diagnosis. In a succeeding article reference will be made to the general organization of the nursing service and to the course of instruction which is being planned to prepare nurses to give the highly specialized care which has been mentioned above.

(*To be continued*)



ENTRANCE: MONTREAL NEUROLOGICAL INSTITUTE

Courtesy of "The McGill News," Montreal.

GETTING WELL IN THE COUNTRY

The Country Branch of the Toronto Hospital for Sick Children affords an excellent example of modern methods of caring for convalescent children. It was built, five years ago, near the village of Thistletown, thirteen miles from the parent hospital. Its present bed capacity is 112, with a potential future accommodation for three hundred. Large balconies are provided and it is only when the weather is very unfavourable that the children are confined to the wards. During the winter months, in addition to fresh air treatment, all patients are given heliotherapy twice a week. The active work is all done at the Main Hospital and the patients are transferred back and forth for X-rays, further operations and so on. New patients must spend at least one week under observation before a transfer to Thistletown is allowed. Swabs of the nose and throat are taken, Dick and Schick tests done and immunization is given if necessary.

Two full-time school teachers are supplied by the Board of Education, and the children are thus enabled to keep up quite well with the public school work. One boy, after four years as a patient, a large portion of that time in a very critical condition, passed his examinations, entered high school and is working towards the completion of his matriculation. A good library of over five hundred volumes is available. Two librarians from the Children's Library of the city visit once a week and spend an afternoon with the children to assist them with their reading and stimulate their interest. They report that the improvement in the children's taste for literature is quite marked and continues after leaving the hospital. A full-time occupational therapist also plays an important role. The children are taught to make many useful articles and their skill is amazing. The girls also learn to knit and sew and some of the garments made by the older patients would do credit to an adult.

The Boy Scouts and Girl Guides contribute largely to the happy spirit of the institution. The Boy Scouts were the first on the scene and the Girl Guides, though a more recent innovation, are very keen and hold their own remarkably well with the Scouts. Upon leaving the hospital both boys and girls are transferred to other companies and the interest in their welfare is continued by these two splendid organizations. A signal honour was conferred upon one of the older patients in the award of the Cornwell Badge, the V.C. of Scouting, of which there are only a limited number in Canada. The children are allowed as much freedom as possible and the two very popular members of the personnel are the pony and the donkey. Both are kept very busy driving the patients around the spacious grounds and picnics by the river are also greatly enjoyed. The nursing staff consists of graduate nurses and nursery maids, who, in addition to their regular routine duties, are keenly interested in all activities and co-operate to their utmost with other members of the staff, in promoting happiness for the children. An interne is in residence.

This characteristic letter, written by one of the children to his mother, shows how thoroughly they enjoy the change from a hospital environment:

I came to Thistletown at 11.30 this morning. We left at 10.46. There were two boys from our ward. We were taken to the ambulance. There were ten in the car, seven patients, a driver and two nurses. We drove past Casa Loma on Davenport Road on our way out. At the end of Weston we drove through a railroad bridge and I think I have passed through some time before. Thistletown is situated on a hill. When you enter there is a sign: H.S.C. Country Hospital. Around the driveway there are flower-beds, half-way up the hill which winds on its way to the top, is a log hut where a reindeer is kept. The hospital looks like it has just been built. Inside everything is brightly coloured, the screens are green, the floors are browinsh-red, the beds are brown, doors and windows cream,

spreads light green and bed pan covers red. Our dinner was the best I've had in a hospital. We had baked potatoes with butter, sliced meat (that isn't fat) with catsup, lettuce, soup, and milk. I have a whole room and a screen to myself and a private bed-pan, tray (cup, plate, spoon) and bathing equipment. Why you'd think I was a millionaire and ordered everything special. By the way we had *Johnny* cake for dinner, too, with lots of corn syrup. I like it here, except I wish I had a boy from ward 2 with me to fight with or play with. I have a tennis racquet I got off a boy in the Sick Children's Hospital. The head nurse gave me a puzzle to work out, *and was it hard!* I am feeling fine, in fact I couldn't feel finer except at home.

P.S.—I don't think I could have written six pages in Toronto. Send this to daddy.

THE PATIENT HEARS THE DIAGNOSIS

MARGARET B. A. MOODIE, Staff Nurse, W.M.S. Hospital, Eriksdale, Man.

Recently a letter brought me a challenge: suggested that I might find scope within my profession as a writer. Naturally, one does not sit down to write of the case one has just left. The touching human stories which might well persuade an editor are those very details upon which the confessional seal is laid by virtue of my calling. But somehow, the challenge remained, and because of it there came this portrait of a patient.

Portrait of a Woman Knitting

But for one sound the room is still; she sits
Erect, with grey head slightly turned away
And mind preoccupied upon a day
That cannot now be far to seek. She knits
As women knit who pray surcease from pain,
Or knit, and count, and *think*, one purl, one plain.
O, not to think! to count and lose the strain
Of what he left to grow within her brain.
All personal relations matter less;
No wife, no mother, she; her only claim,
A woman knitting, ponders on the name
The kindly doctor gave her feebleness.
The knitting needles' click lags far behind
The multitudinous thoughts within her mind.

Since the writing of it, I have made a discovery. I cannot claim originality, except in its newness to me, but over and over again, the light that comes to me is: "all personal relations matter less." I find, looking back on the cases that stand out clear against the every day, this line threading them together. It is not new to see the patient as a body bereft of social state, relieved of the question of legitimacy. De Lee has done that in his description of a woman in labour. This relates to something far removed. No ordinary indisposition or casual illness lifts a man or woman out of the personal relations of life. The sweeping away of all personal relations is a major event; it is a tragedy. Then, with the advent of such calamity the patient appears, in her immediate setting, as, simply, a woman knitting. All that has been in the past, all that may be in the future, these do not enter into the picture. One of life's difficulties, or perhaps its only one, is this matter of adjustment. But now, catching a glimpse of the immediate present, we see only, "a woman knitting."

OUR HONOUR ROLL

Once more the announcement of the New Year's Honours List has brought keen pleasure to Canadian nurses. His Majesty the King has been pleased to designate Jean I. Gunn, Mabel F. Hersey and Jennie Webster as officers in the Civil Division of the Order of the British Empire. Each of these women has made her unique contribution to nursing. Jean Isabel Gunn has held the responsible position of superintendent of nurses in the Toronto General Hospital for nearly twenty-two years. For four years she served as President of the Canadian Nurses Association and for eight years was second vice-president of the International Council of Nurses. Her clear mind and extraordinary capacity for organization have made her invaluable as a leader and counsellor in both the national and the international nursing field. Her quick humour, loyalty and unfailing generosity have endeared her to all who know her either as head of a great school of nursing, as a colleague in nursing enterprises or as a personal friend.

MISS JEAN I. GUNN, O.B.E.

MISS JENNIE WEBSTER, O.B.E.

A distinguished foreign guest who attended the International Congress of Nurses in Montreal spoke of Mabel F. Hersey in these terms: "How wisely you Canadians chose your president for this historic occasion. She has the dignity and the strnegth one expects in a woman holding such an important position, and yet possesses the added grace of simplicity and charm." A year ago Miss Hersey celebrated her Silver Jubilee as superintendent of nurses at the Royal Victoria Hospital, or rather her staff, her students and her professional colleagues celebrated it for her. The spontaneous tribute of affection and admiration paid her at that time came not only from those associated with her own hospital but from nurses in all parts of Canada and from many overseas.

The epic of Jennie Webster's thirty years' service as night supervisor in the Montreal General Hospital has already been related in the *Journal*. Never were honours more richly deserved than by this upstanding representative of the

pioneer days of nursing who, in her active retirement, still keeps an eagle eye on what the new generation of nurses is up to.

From the *Nursing Times*, the official organ of the College of Nursing, we quote this hearty and sincere expression of pleasure on the part of our British Sisters in the honours paid our three Canadian nurses:

Three important pieces of routine claim our attention each New Year's Day; first we recapitulate the good resolutions made overnight; next we wish our friends a Happy New Year; and next we scan the newspapers in search of friends or acquaintances whose names may appear in the New Year Honours list under the title "Public Service Rewarded." This year we note two very important Canadian nurses, Miss Jean Gunn and Miss Mabel Hersey, nursing superintendents of the Toronto General Hospital and the Montreal Royal Victoria Hospital respectively. These ladies receive the O.B.E., a fitting climax to a year which saw the celebration of the Silver Jubilee of the Canadian Nurses Association. This is especially welcome news to us nurses in Great Britain, for we can never repay the debt of hospitality we owe them and other Canadian matrons whenever we have visited the Dominion—whether in flocks, as at the Montreal Congress of the International Council of Nurses in 1929, or singly, as when we go over—so often—for individual professional experience. Other Canadian honours of special interest are those of Dr. Edna Mary Guest, chief of the department of surgery, Women's College Hospital, Toronto, and Miss Jennie Webster, lately night superintendent of the Montreal General Hospital, who also receive the O.B.E.

After all, as the King himself so feelingly said in the course of the British Empire broadcast on Christmas Day, we are all one great family of which he is the head. Every year the bonds are strengthened as a result of the generous hospitality accorded to visiting nurses on both sides of the Atlantic. Nor has there been any lack of appreciation on the part of American nurses. They claim the right to share our honours and well they may, for as one of them once said: "We trained Jean Gunn for you at the Presbyterian Hospital in the City of New York", and when it comes to generous and unselfish kindness to visiting nurses, no one can beat our American colleagues.

Miss Mabel F. Hersey, O.B.E.

HOME NURSING INSTRUCTION

E. M. McKEE, Reg. N., Superintendent, Brantford General Hospital.

The story of the Red Cross is, in the minds of many, associated only with activities in times of war or disaster. The work under these conditions is, naturally, spectacular and receives much publicity at a time when the public mind is receptive to humanitarian efforts, especially volunteer efforts. Newspaper headlines and radio broadcasts tell heart-rending stories of suffering and sorrow, and of the prompt action and heroic deeds of Red Cross workers. Of the "peace time" or every-day activities of the Red Cross Society, far too little is known, and far too much taken for granted. In normal times it is difficult to arouse enthusiasm, so much is accepted as commonplace. As a matter of fact, the every-day programme is very important and highly constructive and benefits not only individual citizens but the community at large. Too little recognition is given to the fact that much of this work is carried on by volunteer efforts. Many of the activities, while sponsored by the Society, and organized and supervised by paid workers, are brought to a successful conclusion by voluntary service; home nursing instruction is a striking example.

The Red Cross and the Home

Of recent years, experience and instruction in the various aspects of home management have been sadly neglected and, as a result, the average young woman is greatly handicapped when she is called upon to assume household duties; this condition exists alike in the homes of the rich, middle class and poor, and is deplorable. Many factors contribute to it; the social and educational activities provided for children and young women afford them little opportunity for observation or experience and in the conduct of a household, and the fact that the majority of young women enter the business or professional world upon completion of their education, contributes to the problem. The Red Cross Society has recognized the handicap and has, among its varied activities, sponsored three valuable and closely related projects of immeasurable value, namely, the visiting housekeeper service, the nutrition classes and the home nursing courses. It is just as essential that a young woman should have knowledge of the principles of health, hygiene and sanitation, and that she be able to carry out simple nursing procedures in the home under the supervision of a physician or a visiting nurse, as that she can cook or sew, or execute the various other duties within the home. In years gone by, the simple nursing practices and principles of hygiene and sanitation were passed on from mother and daughter, but today, in the average household, panic reigns in the presence of illness, but even worse than that, all too frequently, sickness is not recognized in time to allow for simple treatment or to prevent the spread of disease.

The problem of disease prevention and of the care of the sick, should be of interest to every citizen for economic, if not for humanitarian reasons. The annual budgets of state, province and municipality are materially affected by the cost of the care of the sick and by the cost of disease prevention measures. Furthermore costs can be materially reduced by the efforts of the citizens themselves directed toward the control of disease, the lessening of hospital, medical and nursing costs, and the elimination of many social problems which have to be met, especially if illness overtakes the mother of the family or the wage earner.

Home Nursing Classes

Fortunately there is now available to every woman in Canada, through the Red Cross Society, a course of instruction in home nursing which will be a direct benefit to the citizens and community. Many unmarried women are unemployed and cannot, because of financial stress, participate in social activities

of the community, therefore they have much time at their disposal. Married women, too, are more free because, in many homes, there is a son or daughter or husband unemployed and assisting with home duties. The Red Cross Society has wisely safeguarded the home and community by inviting only carefully chosen, fully qualified persons to carry on instruction. Qualified physicians, graduate nurses, and graduate dietitians are the teachers and their work, of course, is totally without remuneration.

What Should Be Taught

The following excellent syllabus has been drawn up of the procedures which may safely be entrusted to home workers under medical and nursing supervision:

1. The bedroom in health and sickness as to location, furniture, cleaning, bed making, changing bed linen, moving a patient in bed, improvising a back rest.
2. The signs of sickness, temperature of the body, pulse rate, rate of respirations, general appearance of a sick person, pain, chills, condition of tongue, significance of coughs, appetite, vomiting, elimination of waste material, keeping of records.
3. Care of the bed patient: Bed bath, foot baths, care of mouth and teeth, care of hair, use of bed-pan, prevention of bed sores.
4. Feeding the sick, types of food and manner of serving, importance of water drinking, feeding of helpless patients.
5. Treatments: How to give medicines, how to fill hot water bottle or ice cap, how to prepare inhalations, poultices, mustard plasters.
6. Communicable diseases: Methods of spread, early signs, vaccination, care of patient in isolation, disinfection, after-care of patient.
7. Emergencies and slight ailments, fainting, convulsions, collapse, poisoning, apparent drowning, suffocation, choking, wounds, sprains, burns.
8. Health in the home: Cleanliness, ventilation, flies, sanitation, food, clothing, elimination, care of teeth, rest, recreation.
9. Care of the mother before, during and after confinement.
10. Infant care: Clothing, bathing, sleep and rest, exercise, fresh air, habit formation, care of the sick baby.
11. Feeding of babes and children, value of breast feeding for babes, weaning, bottle feeding, child feeding from one year through school period, causes and prevention of malnutrition in children.
12. The food needs of adults, sample meals, food groups, food combinations, overweight, underweight.

REFRESHER COURSE

The School of Nursing of the University of Toronto in co-operation with the Department of University Extension, is planning a refresher course for hospital staff nurses to be given from February 27 to March 2 in the School of Nursing, University of Toronto. Registration will be limited to 50. Not more than two applications from any hospital will be accepted. Reservations will be made in the order in which applications are received. This course will include: (1) A study of the underlying psychology and fundamental principles of ward teaching; (2) A discussion of problems in ward teaching: objectives, attitudes and methods. Applications will be received by the Secretary, School of Nursing, University of Toronto, Toronto 5. No credits will be given for this work, nor will any certificate be awarded. The fee will be $3.00. If the registration indicates the need, repetition of this course will be considered.

THE EDITOR'S DESK

The First Two Years

The *Journal* is having a little celebration of its own this month. It is just two years since we sat down for the first time at the editor's desk, rolled up our sleeves, and somehow or other managed to get the February number into the press. It cannot be said that the net result of our frenzied efforts was a thing of beauty. As it lies before us in its drab cover, weird typography, and jumbled contents it reminds us of the first ambulance bed we ever made. The outside back cover was innocent of all advertising matter; so was the inside. There were two little pages of news notes but three perfectly good pages were devoted to the announcement of marriages and births, in nice large type, too. Those were the days—and we are glad they are over. With our first editorial effort the fortunes of the *Journal* may be said to have sunk to what the financial experts call "an all-time low." Having struck bottom we could not go any lower; so we started to climb.

How Far Is Up?

There has been nothing spectacular about our rise. In fact we are forcibly reminded of that hateful problem in arithmetic which blighted our youthful days. It was concerned with a frog who, determined to crawl out of a well, gained so many feet one day only to slip back the next. We were never quite clear as to his ultimate fate but have a vague impression that he did finally emerge into the full light of day. And we intend to emulate him. Just by way of indicating how far we have risen in the world we present a few comparisons. In 1934 our income from subscriptions increased over that of 1933 by twenty-two percent and our income from advertising by thirteen percent. Every province except one (*Oh! breathe not its name*), shows a substantial gain in circulation and the increase during the year, for the whole Dominion, amounts to twenty-two percent. The increase since the two-year experiment began is forty-eight percent.

Does all this mean that we are out of the well? No, not until the *Journal* pays its own way without any assistance whatever from the Canadian Nurses Association. The report of the editor and business manager, covering the first seventeen months of the two-year experiment, appears in this issue under the caption of *Notes from the National Office*. This was presented at the Biennial Meeting and at that time we predicted that the loans required in 1934 from the C.N.A. would amount to less than a thousand dollars. This prediction has been amply fulfilled.

How It Was Done

Why has all this come about? Simply because Canadian nurses have come to realize that, if it is given the support it deserves, the *Journal* may soon become a financial asset rather than a liability. They are reading it more carefully than they ever did before; better still, they are writing for it. In thus expressing themselves they are making it possible for our national *Journal* to fulfil its true function, which is to reflect, to integrate and to interpret the thinking of Canadian nurses.

We Carry On

The report of the publications committee is published in this issue under the caption of *Notes from the National Office*. Its recommendations were adopted at the Biennial Meeting and the experimental period has been extended until the next meeting, which will be held in July, 1936, at which time the whole situation will again be subject to review. There is plenty to do in the interval. A steady drive must be continued for further increase in circulation. Sustained effort must be made to improve the con-

tent of the *Journal*. Operating expenses must be kept within the strictest limit which is consistent with efficiency. It will be an uphill job but somehow we rather like the idea of tackling it.

Readers' Guide

An acute and painfully frank observer of the contemporary nursing scene in Canada told us the other day that nurses made her sick. We enquired the reason of this unfortunate physiological reaction and she said it was because we were always trying to build fences to keep out groups which we imagined were infringing on our reservation instead of forging ahead and achieving our own destiny in fields in which no other group could function an effectively as we do. That set us thinking and during the next few months we propose to emphasize in the pages of this *Journal* just those aspects of nursing which our critic has in mind. In fact we began to do so in January when we published Dr. Stevenson's article on the functions of nurses as members of the staff in mental hospitals. There is one world for us to conquer. This month we present another. Our leading article, "The Montreal Neurological Institute," is one of a series which we hope to publish on this new and highly skilled division of nursing service. Miss Eileen Flanagan, who is in charge of the nursing service, and Miss Eberle, who is one of her associates, give a vivid picture of the extraordinary opportunities which are being opened to nurses who are capable of rendering service of this highly technical and difficult type.

Another article which deserves close attention is the brief but clear account given by Miss Anna E. Wells, chairman of the Public Health Nursing Section of the Canadian Nurses Association, of the self-survey which will be the main project of that group during the next two years. No matter what branch of nursing you are engaged in you should read what Miss Wells has to say. For one thing it demonstrates the integration of public health nurses in Canada into a national and, at last, an articulate group. In his excellent article on the teaching of chemistry to nurses, Dr. Bensley, possibly without knowing it, puts his finger on one of the many difficulties which we must surmount in planning courses for nurses. That difficulty is inherent in the nature of nursing itself and it is this: whether we like it or not we are obliged to concede that much of our so-called science teaching must be superficial at best. Superficial, yes, but nevertheless indispensable, as Dr. Bensley points out. In "Private Duty, Manitoba Style," by Miss McCallum, we get a straightforward account, as bracing as a prairie breeze, of what is happening in most of the Prairie Provinces to private duty nurses and the people they serve. Miss Buhler, in "Can it be done?" suggests what seems to be the only way out.

Miss M. E. Richmond has shown us how we should approach task:

"Study and develop your work at its point of intersection with the other services and social activities of your community. Learn to do your daily tasks not any less thoroughly, but to do them from the basis of the whole and with that background always in mind. After all, society is one fabric, and when you know the resources of your community, both public and private, and the main trends of its life rather than any particular small section of it, you are able to knit into the pattern of that fabric the threads of your own specialty."

In Sympathy

Messages of sympathy in the loss which we in Canada have sustained in the death of Bertha Harmer have been received from Miss Effie Taylor, President of the National League of Nursing Education in the United States, from the Administrative Committee of the Yale University School of Nursing and from the editor of the *American Journal of Nursing*.

Correspondence

Canada Calling

In the November issue of *The Canadian Nurse* an article appears entitled "Canada Calling" in which nurses are urged to enrol for service in war or disaster.

Now disasters are something that we can visualize—flood, fire, pestilence, cyclone, tidal wave or even drought and grasshoppers—and we can make our plans accordingly. Such things have happened in the past and no doubt from time to time some of them will happen in the future. Past experience makes it possible to lay plans for prompt and efficient action when necessity arises. And it is the duty and privilege of the members of the nursing profession to be prepared to bring their knowledge and skill and kindliness to comfort and relieve those who have been stricken down by forces which are outside of human control.

When it comes to war, however, the situation is very different. Canadian nurses played a worthy part in the World War and in any future war would undoubtedly do their best under whatever circumstances might exist. But what would these circumstances be? Might they not be such that nurses could do little or nothing to stem the tide of misery and destruction? Mr. A. A. Milne, in speaking about future contests between nations, says: "It is no longer war; it is something for which the word has not yet been invented, something as far removed from the Napoleonic wars as they were from a boxing-match. This new thing is a degradation that would soil the beasts, a lunacy that would shame the madhouse. War, as the world has known it, is already dead — the very word has lost its meaning. This 'new thing' is nothing less than the crash of civilization."

It is well to remember that any future war will be war from the air and will involve civilians of all classes from babies to helpless old people. Another fact to keep in mind is that wars are man-made. As Sir Norman Angell has said: "No war is inevitable; none that human sanity, if mobilized, cannot prevent." By all means let nurses be prepared to help to their utmost in the event of war, but also let them face the fact that they may be utterly powerless in the presence of this "new thing" for which a name has not yet been found. And let us all remember that if this "new thing" comes it will be due to stupidity and greed, fear and indifference. Perhaps it will be due more to the inertia and indifference of the ordinary citizen—my indifference and yours—than to any other cause.

In the long run public opinion is going to decide this issue of peace or war. What can we do to help create an informed and enlightened public opinion that will stand up against the propaganda of militarists and munition makers? We can give time and energy to a study of the obstacles that stand in the way of that peace for which the common people in all lands are longing. We can think and talk and act peace. We can become well informed on international questions ourselves and help others to do the same. We can get in line with the peace campaign that is being carried forward by the League of Nations Society in Canada. A syllabus of studies may be obtained by writing to the National Secretary, League of Nations Society, Ottawa. Individually and in groups, all over Canada, nurses can join in the study of what can be done to develop a national peace policy so that Canada's voice may be heard and Canada's influence felt in the councils of the nations.

IDA K. STEWART, Ninette, Man.

A Registrar Speaks Up

Naturally the point of view of a registrar somewhat differs from that of "Another Private Duty Nurse" as expressed in the December *Journal*. Every nurse knows that she receives a certain percentage of her calls through friends, either in their homes or in hospitals, which means that her name is taken "off call" regardless of where she is on the list of the registry. Should a nurse call the registry for a second nurse to come on duty on her case, would she take the first nurse on call knowing she might not be suitable to the patient? She would not. What happens is that she chooses someone whom she thinks will be suitable but who may be far down the list—and then the system of rotation is again upset and through no fault of the registrar either. Doctors also have their preferences, and ask for certain nurses whom they know. Too often a doctor says: "I don't think I know Miss Blank. Well, perhaps I should probably know her when I see her—but not by name." If the nurse could find some way of making herself known and yet not be unethical, perhaps it might help her to be called more frequently.

"An Alberta Nurse" talks about a registrar having no power in the good old days and having to contend with nurses, doctors and the public. She still has all three to cope with, but in a different manner than when nursing services were at a premium, rather than an over-supply. A registrar doesn't take

much pleasure in seeing the same names topping the list every day, and often wonders what is wrong with the nurse that is on call so long. When a nurse is on call for weeks and weeks she should begin to catechize herself rather than criticize the registrar and hospital authorities. The trouble with most of us is that we do not take kindly to advice. Why not ask your registrar: "What is wrong with me?" but don't get vexed if she tells you the truth. Patients differ in many respects and criticize nurses for many things, such as being sloppy and untidy, talking too much or not enough. So the nurse must put her best foot foremost and study the patient as well as herself. Generally speaking, a registrar is not as hard-boiled as most private duty nurses think, and would be only too willing to try and help if given the opportunity.

A REGISTRAR.

A Word of Appreciation

May we, through *The Canadian Nurse*, express our sincere appreciation of the hospitality extended to us during our recent visit to Canada? We were given a great welcome (beginning with greetings brought on board at Father Point), and we heartily agree with all that we had heard at home of Canadian hospitality. Our two hostesses in Montreal, Miss Holt and Miss Hersey, certainly thought of everything possible for our interest and pleasure during our stay with them. At first, our dark blue uniforms made us feel conspicuous, but we were soon made to feel very much at home and it was a pleasure to be greeted by patients from the Old Country and by doctors who had visited Guy's, some even twenty years ago, and who recognized the Guy's Sisters' uniform. We were given opportunities of visiting some of the large French hospitals, and of gaining some insight into public health work, the visiting nursing services and the School of Nursing at McGill University. We paid interesting visits to the headquarters of the Canadian Nurses Association and to the office of the Registered Nurses Association of the Province of Quebec. We were so glad we were able to visit Ottawa. Miss Bennett did not waste a minute, but managed to show us a great deal in a short time. We shall never forget the colours of the maples on the Gatineau hills in brilliant sunshine. Our next port of call was Toronto, where we were met by Miss Gunn, our hostess, and Miss Jean Browne. Most of our first week was spent in the Toronto General Hospital, and every minute was carefully planned so that we could see as much as possible of all the departments in that large hospital. Miss Gunn also kindly arranged for us to visit special hospitals, the School of Nursing of Toronto University and the Department of Public Health.

This sounds as though we had little time for anything outside hospitals, but on the contrary we had numerous dinner parties, two Hallowe'en parties, movies, picnics, theatres, motor drives, concerts, museums and art galleries—and even time to walk and sleep! The arrangements for this delightful tour were made through Miss Jean Browne, convener of the committee on exchange of nurses of the Canadian Nurses Association, in conjunction with Miss Parsons of the College of Nursing in England. The advantages of such a visit are obvious and need not be stressed. We only hope that the Canadians now in England are enjoying themselves as much as we did in Canada. We look forward to 1937, when we hope to meet many of our Canadian friends in London.

DOROTHY L. HOLLAND,
FLORENCE TAYLOR.

Against Resistance

From the *Nursing Times* we quote this delightful letter which, amongst other things, shows why school nurses need a saving sense of humour: "Will you kindly inform the doctor that F.B.'s father is quite aware of the chief thing that is destroying his child's teeth which is the scientific food he is compelled to live upon against the express laws of God. So soon as so-called savage races leave nature and become civilized their teeth and stomachs go west and the need of doctors become necessary. Factory-made foods, preserving and sterualising (*sic*) of food declare at once the corrupt state of foods and the cause of bad teeth and stomachs. Freddie's teeth must not be interfered with. Nature will put them right by casting them out in their natural way.

"(Signed) MR. A. B."

TUBERCULOSIS NURSING IN NEW BRUNSWICK

FLORENCE E. COLEMAN, Superintendent of Nurses, the Saint John Tuberculosis Hospital, Saint John, N.B.

The Saint John Tuberculosis Hospital was erected in 1915 and was originally equipped to care for about 70 patients. The Military Hospital Commission later enlarged the plant to care for 150 patients and, along with this new development, a large home for nurses was built. In 1930 the Nesbitt Memorial Wing for children was completed and the hospital capacity was increased to 206 beds. As early as 1923 an affiliated course in tuberculosis nursing was established with the Saint John General Hospital, the duration of which was originally three months which was reduced later to two months. In all, eleven schools have affiliated and 691 undergraduate students have been thus prepared for this special work. In 1930 the demand for graduate instruction in tuberculosis became so insistent that some attempt was made to introduce a postgraduate course. In the autumn of 1934 this was amplified and improved to include many phases of tuberculosis.

The hospital is modern in every respect and is treating pulmonary tuberculosis both in adults and children as well as bone and gland disease. It is adequately equipped to do chest surgery and as a matter of fact it is caring for practically all the chest surgery in the provinces of New Brunswick and Prince Edward Island. Due to the fact that treatment is given for bone and joint tuberculosis a fair amount of orthopedic surgery is also done. The duration of the postgraduate course is three months and includes the following activities: *Class work*: History of tuberculosis and tuberculin; anatomy and physiology of chest; tuberculous infection and disease; diagnosis; symptoms; complications; treatment and diet; preventive, economic and social aspects. *Demonstrations*: use of tuberculin and X-ray. *Diagnosistic Methods*: nose and throat examinations; taking of history and preparing patients for examination; laboratory work; artificial pneumothorax; oil injection; phrenicectomy; thoracoplasty; anaesthetics. *Bedside demonstrations*: Heliotherapy, typhoid rest; ordinary rest; whispering in throat treatment; aeration.

ENTRANCE: SAINT JOHN TUBERCULOSIS HOSPITAL

Opportunities are given for observation in health centre activities and in district and follow-up work.

PRACTICAL NURSES IN HOSPITALS

The pressure to allow practical nurses to do institutional work is growing daily. Here and there one finds individuals of high idealism and considerable skill who are not qualified by law to practice medicine, nursing or any of the other branches of the healing arts, yet they are capable of rendering a good grade of medical service in a narrow field. On the other hand, hospitals that desire to be recognized by national medical and nursing associations must of necessity refuse to allow such persons to attend patients. — *The Modern Hospital.*

Department of Public Health Nursing

PUBLIC HEALTH NURSING IN CANADA

ANNA E. WELLS, Chairman of the Public Health Nursing Section of the Canadian Nurses Association.

It has for a number of years been the custom for the Public Health Section of the Canadian Nurses Association to send forward, after the Biennial Meeting, to each provincial section a suggested programme of study and activity for the ensuing two years. In such times as these there is a greater need than ever for unity of thought and action, for as stated in a recent editorial in *The Canadian Nurse*: "The social pattern of our time is changing so rapidly that nurses are not always sure of their place in the design." This word picture, which describes in a few words the general state of public health nursing today, indicates how essential it is for public health nurses to be keenly aware of the pattern of society in which they work, and to understand fully the nature and relationship of their work to the whole design of community service. How, then, can they keep pace with changing needs and ideas, and be ready to direct into desirable channels the development of those activities in public health work that we believe may be accomplished best and most economically by public health nurses?

There is only one sure way, and that is by making a close study of the community we are serving. When we know its health needs, we can then analyse our own activities to see if they are adequate and indispensable, and, since there is need of some means whereby we may compare our aims and activities, a study of the surveys already made is suggested.

The Survey of Public Health Nursing, undertaken by the National Organization of Public Health Nursing in the United States, will be found very helpful. Unfortunately, in the question of rural public health nursing, and public health nursing in medical relief and social insurance schemes, it is difficult if not impossible to find any data of value for comparative purposes, and the following programme of study is therefore suggested as a means of directing thought to local situations. If each member actively participates, we shall have made a beginning towards solving the problems which are peculiarly ours.

General Aims

It may be helpful at this point to make brief reference to the aims of this self-survey and to the specific topics round which the study might be assembled. The principal aims of a possible self-survey may be stated as follows:

1. To understand community needs with particular reference to public health nursing activities.
2. To find out whether public health nursing services are adequate, and to direct attention to such needs as may be found.
3. To find out whether public health nurses are adequately prepared for community work by schools of nursing, by self study, and staff education, and to foster educational facilities where these appear to be lacking.

When these aims are analysed it becomes clear that the questions we must be prepared to answer group themselves round the following topics:

Demand and Supply

1. What is the need, in any given community, for public health nursing service and how far is it being met? What is the nature of its organization and administration? How is it financed?

2. Are existing services up to standard and available to all who require them? Is public health nursing service correlated with other social agencies by means of inter-agency conferences and the use of the confidential exchange? Is there a systematic referral and reporting back?

What is the relation to social insurance schemes?

Functions and Scope

What is now the generally accepted definition of public health nursing? What should it be? For what specific community activities are public health nurses particularly well qualified? What is the place of workers, who are not nurses, in public health nursing activities? Is the public health nurse recognized as a social worker by welfare organizations? If not, why not? What is the changing emphasis in nursing services as given in the school and in the home? What are the factors which hinder the development of good service?

Education

What preparation do schools of nursing give for public health nursing? What educational opportunities are available under the auspices of public health nursing agencies? What is the nature of the courses in public health nursing which are given in Canadian universities?

Working Conditions

What are the working conditions of public health nurses in Canada with special reference to: (*a*) health supervision; (*b*) provision of uniforms; (*c*) standard equipment; (*d*) transportation; (*e*) hours of duty; (*f*) vacations and sick leave; (*g*) salaries and pensions.

How to Get Under Way

Study groups may be formed in each province, who may work independently or in conjunction with other provincial sections, and yet be prepared to report specifically concerning public health nursing. It is suggested that the preliminary study be completed by the end of 1935 so that all provincial sections will have time to prepare full reports for consideration at the next Biennial Meeting and what is equally important, such data will be available for consideration during the winter of 1935 which will enable each member to become familiar with the whole public health nursing situation in her own province. A national convener for the section will be appointed to correlate all findings and recommendations with respect to public health nursing and social insurance schemes. The following references will be found useful as sources of information:

Survey of Nursing Education in Canada (1932) obtainable at National Headquarters, 1411 Crescent St., Montreal, P.Q. Price, $2.00. *Survey of Public Health Nursing*, by the National Organization for Public Health Nursing, 50 West 50th St., New York. Price, $2.00. *The Canadian Nurse*, official journal of the Canadian Nurses Association. *Public Health Nursing*, official journal of the National Organization for Public Health Nursing. *The Survey*, published by Survey Associates Inc., 112 East 19th St., New York.

SCHOOL HEALTH INSPECTION IN POLAND

JADWIGA KANIEWSKA, Public Health Nurse, Cracow, Poland.

I should like to tell you how the children help the nurse in her work in Poland. In general there are three types of class inspections. The nurse inspects every class thoroughly in autumn after the long holidays and at that time the inspection is done in order to find possible defects. She also does a rapid inspection in every class after the Christmas, Easter and summer holidays and looks for symptoms of communicable disease and pediculosis. But every day, in every class, there are inspections to look after general cleanliness and hygiene and these are done by the children themselves through the Junior Red Cross. In every class there are committees of the Junior Red Cross and the nurse is patroness of the organization. At the first meeting, after school opens, the children elect their offi-

Institute of Public Health
Faculty of Public Health of the University of Western Ontario
LONDON - CANADA

cers including a president for each month. The elected class presidents must be approved by the teacher and their function is that of a health guardian. Every day he inspects the hands, ears, and neck, and any child who is dirty is taken to the school health office and must clean up. This is called the "lecture of the wash." The presidents also watch the children to see that they do not wear sweaters, overcoats and woollen scarves in the school-room and survey the children who have had glasses prescribed for them to see that they are wearing them during school hours. They also watch the meals which the children bring to school, wrapped in serviettes or white clean paper, and not in old newspapers. In Poland the children stay at school from eight to half-past one. They do not go home for lunch but take their meal at eleven o'clock at school. They bring with them sandwiches and fruit and they receive milk or cocoa at school. The class health president watches the children to see that they take their meal not too fast and in an orderly manner. They conduct the children, who come for the first time, to the health office and when a child comes back to school after some days' absence he is again taken to the nursing office. The class president reports each day the names of the children who are not present at school. Every day, during recess, between lessons, the class presidents from each class come to the nurse's office and gives her a report of their activities and receive their commands from her. The children who do not feel well are taken to the nurse's office by the president who also surveys the cleanliness of their handkerchiefs and every day reports on how many children are dirty, and how many had their breakfast wrapped in a paper that was not clean, but they do not put down the names, they just give the number. In the sixth and seventh classes, a course in infant hygiene and first aid is given.

The class health president changes every month. He wears a pin and band with a red cross. The activities are all arranged and planned by the children themselves. The nurse assists them and gives them an idea of how to organize and they are supervised by the teachers and the nurse in an indirect way. The co-operation of the children with the school nurse is very good and she thus has a good approach through the Junior Red Cross to the classes. The interest of the children in health problems and general cleanliness is really remarkable and the teachers are induced to play a larger part in health work and their interest and participation has greatly increased. This work began in two Cracow public schools, one for girls and one for boys. When the results proved satisfactory they were published in the Polish National Nursing Magazine and discussed at the annual national meeting. Now the movement has spread into many other schools.

Miss Kaniewska is a Polish public health nurse and has been awarded a scholarship by the Rockefeller Foundation for study in Canada. Attention is drawn to her clear and concise English.—*Editor.*

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Department of Nursing Education

TEACHING CHEMISTRY TO NURSES

E. H. BENSLEY, B.A., M.D., Assistant, Department of Metabolism, The Montreal General Hospital, Assistant Demonstrator, Department of Biochemistry, McGill University; Instructor of Chemistry, School of Nursing, The Montreal General Hospital.

A considerable number of the nurses who enter the School of Nursing of the Montreal General Hospital have had no previous instruction in chemistry. For this reason the probationer class is given a course in chemistry consisting of about ten hours of lectures and twenty hours of laboratory work. The amount of time available for this purpose is necessarily small and this limitation makes it essential that the course should be carefully planned so that the nurse is given information of real value and yet is not confused by the presentation of too much material that is entirely new to her. During the past two years the writer has made a study of this course for the purpose of adapting it to the special needs of the nurse. The following remarks concerning the planning of such a course are offered with the hope that they may be of interest to those who are confronted with the problem of giving a short course in chemistry to nurses who have had no previous instruction in this subject. In our opinion, some instruction in chemistry should be included in the training of a nurse and, if she has not received this before entering training, some attempt should be made to provide this instruction in her nursing course. Intelligent understanding of the metabolism of the human body in health and disease, as well as of many details of nursing technique, is impossible without some knowledge of chemistry.

General Treatment of Subject Matter

In planning a course of this type, the instructor must bear in mind that it will be necessary to treat the subject very superficially and that it is better to present a few simple facts which are readily understood and remembered than to take the risk of confusing the students by attempting to teach too much. For instance, in dealing with proteins the class is told that these are extremely complex, are composed of the elements carbon, hydrogen, oxygen, nitrogen and usually sulphur, and can be broken down (as in the digestive tract) to simpler substances known as amino-acids. No further details of their chemical structure are given. If the chemical structure of proteins were discussed at much greater length, it is probable that the only recollection the nurse would have of this subject would be that it was something she could not understand. Although her knowledge of the chemistry of proteins is very superficial, the little information that she has is of real value. Thus, to mention one application of this information, if she knows the five elements which usually enter into the composition of a protein, she will readily understand why carbon dioxide, water, compounds containing nitrogen (such as urea) and compounds containing sulphur (sulphates), are the waste products resulting from oxidation of proteins in the body. A little knowledge is dangerous only when the student does not realize that her knowledge is limited. It must be made clear that the subject is being treated superficially.

Selection of Subject Matter

In the selection of the subject matter of the course, the instructor must never lose sight of the value of chemistry in the understanding of the metabolism of the human body. Whenever possible,

the subjects discussed and experiments conducted should serve to illustrate, not only a fundamental chemical principle, but also some point of practical interest to a nurse. For instance, in dealing with the reaction of oxidation, the use of burning of hydrogen, carbon and wood with formation of water and carbon dioxide as examples will not only illustrate this type of chemical reaction, but also form the basis of a consideration of oxidations of foodstuffs in the body. On the other hand, if the burning of magnesium or sulphur were used as examples of oxidation, the connection between this and oxidations in the body would not be so clear. At present, the following are the substances which are studied in some detail in our lecture and laboratory courses: — water, nitrogen, oxygen, hydrogen peroxide, acids, bases and salts, hydrogen, carbon, carbon dioxide, carbon monoxide, carbohydrates, fats and proteins. By using such substances as subjects for discussion the instructor can not only teach certain fundamental principles of chemistry, but also lay the foundation for a knowledge of the metabolism of the human body.

Application to Nursing

The course may be made more useful and interesting by referring to practical applications of chemistry in details of nursing technique and medical treatment. The writer has made a practice of reading all available routine nursing procedures and selecting from these, for introductions into the course, any which are based upon simple chemical reactions. The following are a few of the many possible practical applications of this type: neutralization reaction of acids and bases as related to the treatment of acid poisoning by alkali administration and of alkali poisoning by acid administration; oxidizing agents as related to their use as disinfectants and bleaching agents; precipitation, as related to the use of precipitation reaction: (1) as a test as in detection of albumin in urine; (2) in treatment of poisoning, as in administration of white of egg to cases of mercury poisoning; precipitation of proteins by heat as related to the advisability of using cold, not hot, water in washing blood and discharge from surgical instruments; solubility of fats, in relation to the use of petroleum ether for cleansing skin before operation and to remove oily and greasy substances.

Laboratory Course

Finally, reference must be made to the laboratory course. Lectures in any scientific subject without practical work are of little value. The remarks which have been made regarding selection of subject matter apply to the laboratory, as well as the lecture course. In addition, the advisability of using only extremely simple apparatus must be taken into consideration in selecting experiments. The most important feature of the laboratory course is the opportunity which it affords for training in accuracy of observation and the accurate and orderly recording of observations. These qualities are of great importance in nursing and there is no part of the nurse's training in which they can be better emphasized than in a chemistry course. For this reason every nurse should keep a laboratory note-book in which she records all observations in detail and careful supervision of these note-books will accomplish much in the education of the nurse.

Department of Private Duty Nursing

PRIVATE DUTY, MANITOBA STYLE

K. B. McCALLUM, Convener, Private Duty Section, Manitoba Association of Registered Nurses.

A survey of conditions existing among the private duty nurses of Manitoba was made recently by means of a questionnaire. The following questions were asked: (1) How many cases have you nursed during the past two years and received no remuneration whatever? (2) How many cases have you nursed during that time at a reduced fee? (3) What reduction do you usually give? (4) Do you offer this reduction because you know the patient cannot afford the regular fee, or because the patient asked for it? (5) Do you find people who can well afford the regular fee taking advantage of the times and asking nurses to work for a reduced fee?

Direct Evidence

The replies were illuminating. The necessity of bridging the economic gap between the non-nursed sick and the private duty nurse had long been recognized and admitted but never had it been so forcibly brought home to us before. Should we say, rather than the non-nursed sick, the nursed sick and the non-paid nurse, for the material at hand shows plainly that nursing services are being given without hesitation and in many cases without remuneration. The replies to the questionnaires showed that, during the two-year period, two hundred and thirty one cases of varying lengths had been nursed without any remuneration whatsoever. Two hundred and thirty-one families knew the humiliation of having to accept charity in order to save life or safeguard health. What a boon health insurance would be to these people and to the nurses who have given so freely of their services. Consider too the number of cases nursed at a reduced fee; the replies showed three hundred and ninety-seven such cases. This does not mean merely the reduction of a dollar or two dollars, nor even cutting the regular fee in half, but in some cases receiving fifty cents a day for twenty-four hour duty.

Just one case was cited in detail by a rural private duty nurse: we find the man of the house with pneumonia, his wife not in good health, the nurse on twenty-four hour duty, washing, ironing, baking bread, carrying wood and coal for fires, helping with the housework in general as well as having almost the entire responsibility of the patient, the doctor being able to pay a visit only every three or four days because of the distance. For this case the nurse received fifty cents a day, fifteen dollars a month (and her professional education took three years!) nor does fifty cents or a dollar a day seem to be unusual in rural districts.

Reasons for Reduction

The reasons for making reductions in the regular fee vary, the most common one, of course, being knowledge of the patient's financial condition; in that case the nurse invariably suggests or offers the reduction herself. Many times, unfortunately, the answer to question number five was: "Yes, we do find people who can afford the regular fee taking advantage of the times." It seems that if Mr. Smith's income is only one thousand dollars a year or less, and the nurse realizing this gives her services for what Mr. Smith can afford to give her, Mr. Jones, next door, learning of it, sees no reason why even though his income exceeds two thousand dollars a year he cannot obtain nursing service at the same rate. Hence Mr. Jones suggests the reduction. In a few cases the doctor

suggests to the patient that a nurse may be obtained for less than the regular fee. In striking contrast to the case of Mr. Jones, we have the case of a farmer's family who, finding it impossible to manage without nursing care and equally impossible to pay the nurse, rather than take advantage of anyone or accept charity, gave the nurse a cow in exchange for her services. Fortunately the Joneses are not as prevalent as the poor but proud farmers.

What Can Be Done?

It is quite obvious that nursing services are not being withheld because of the patient's inability to pay for them, but the nurse who receives only fifteen dollars a month, the nurse who receives the cow for payment, and the more fortunate nurse who has never found it necessary to reduce her fees, all have the same living expenses. Laundry, board and room must all be paid for. How are they to meet these expenses? Thirty-two percent of the nurses in the province of Manitoba have not received the full fee for one case during the past two years, that is they are nursing all cases at a reduced fee, the reduction varying according to the financial circumstances of the patient. Only eleven and a half percent of the nurses questioned have never been asked by patient or doctor or have never had occasion to offer to make a reduction in the fee. In rural districts, outstanding accounts for a period of two years vary from ten dollars to seven hundred and fifty-five dollars; in the cities from five dollars to three hundred dollars. This, I believe, portrays fairly accurately the conditions existing among the private duty nurses in the Province of Manitoba and also indicates the embarrassment and humiliation suffered by numerous families in having to offer less than what they know to be a set fee for nursing service; but it does not tell us how many people or families have done without much needed nursing care because of their inability to meet this expense. How numerous they must be. Until such time as the cost of nursing service is evenly distributed by some form of health insurance the economic gap between the non-nursed sick and the idle private duty nurse will remain unbridged.

CAN IT BE DONE?

HELEN M. BUHLER, Private Duty Nurse, Hamilton, Ont.

In Ontario, in the year 1933, there were 70,000 births, 44,000 of which were in homes. There were 35,000 deaths, 23,000 of which were in homes. A patient who is mortally ill unquestionably requires expert nursing care, and the parturient woman obviously needs the services of a nurse at the time of delivery and for a few days after. Had the first group received an average two weeks nursing care and the second group one week there would have been a demand for 90,000 "nursing weeks" in the homes of Ontario alone. To put it another way, there would have been sufficient work to keep 1,875 private duty nurses steadily employed for 48 weeks each during 1933. The reason that nothing like this number were actually employed is not difficult to surmise: *the average household cannot afford to pay for the nursing service it needs.* Something had to be done to bridge this economic gap. Why not health insurance?

(An address given before the Private Duty Section of the Canadian Nurses Association at the Biennial Meeting, June, 1934.)

Health Insurance

Now, what is health insurance and how could it be carried on? In the Sur-

vey of Nursing Education in Canada Dr. Weir outlines one possible plan as follows:

1. A complete health service should include medical, nursing, and dental services. Hospitalization should also be available and public health services should be maintained.

2. Such services might be financed by contributions from the insured and from governmental sources, federal, provincial and municipal.

3. Health insurance should be compulsory for all single adults whose income is less than $1,200.00 per year and for all married persons whose income is less than $2,000.00 per year. Persons receiving higher salaries than these might be given the option of participating.

4. In order to discourage any abuses, persons actually receiving nursing care should be charged at the rate of ten percent of the actual cost of the nursing service supplied to them.

Dr. Weir suggests that the following changes would come about in private practice if such an insurance scheme were put into operation:

1. Provincial nursing councils would be set up which would either operate or control all nursing registries.

2. The money derived from contributions to the insurance scheme would be paid into a central consolidated fund.

3. Private duty nurses would be paid on a salary basis and would be assigned to cases as visiting nurses now are.

4. Private duty nurses would be graded as to rank and earning power as are public health and hospital nurses.

5. Private duty nurses would be subject to supervision and control as is now the case in other nursing groups. Those who did not wish to accept such conditions would be at liberty to remain "free lances" and to carry on an independent practice as at present.

Reorganization of Registries

For some time the private duty nurse has realized that the day of the old-style registry is over and that a community nursing bureau must become something more than a dream. Thus each nurse would find herself a part of a strong co-operative organization assuring her of economic safety as well as giving nursing service to all classes of the community in terms of their nursing needs.

Qualifications of Registrars

In view of the complexities of the situation we realize that any step towards the development of registries on a community basis at once discloses the need of a capable, diplomatic nurse for the direction and supervision of such a registry. A registrar should have the background of a number of years' experience in private duty so that she would have command over the conditions and circumstances which would arise in the supervision of nurses and patients. Her personality should enable her to be a link between the nursing service and the patient and, in order to do this effectively, she would have to guard against becoming mechanical as every case would have to be treated individually.

Making Up Our Minds

Before any scheme can be a success we must ourselves understand it and before we can do that we must study it. Here, then, are some questions which might be debated with profit at the section meetings:

1. Should the co-operative principle (health insurance) be applied to private duty nursing and is it desirable that private nurses be employed on a graded salary basis?

2. Is the suggestion of the *Survey* that nursing registries be controlled by provincial nursing councils a sound policy?

3. Should private duty nurses be subject to such control and supervision as is accepted by other nursing groups?

We must realize that the patient comes first and must prove to the public that we can give them what they are striving for—skilled nursing care at any time, in large or small amounts, at a reasonable price.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

Changes at I.C.N. Headquarters

Recently Dame Alicia Lloyd Still, President of the International Council of Nurses, announced to the Board of Directors that she had received and accepted the resignation of Frau Reimann Alter, nee Christiane Reimann, as Secretary of the I.C.N. and as Editor of The *International Nursing Review*. Dame. Alicia Lloyd Still advises that as the Executive Secretary, Miss Swcharzenberg, is in a position to carry out the details with reference to the next meeting of the Board and as publication of *The Review* has been suspended, the offices of secretary and editor shall remain vacant until the next meeting of the Board of Directors. Subscriptions which have been received in advance will be held in suspense until the Board has arrived at a decision regarding the future policy of *The Review*.

The Canadian Nurse

The report of the editor and business manager of *The Canadian Nurse* that was presented to the Canadian Nurses Association in General Meeting, 1934, is published herewith. This covers the first seventeen months of the two-year experimental period that commenced on January 1, 1933, with an editor and business manager on a full-time basis. Elsewhere in this issue reference is made to the present status of the *Journal*.

Status of the Journal as at December 31, 1932

On the date upon which the experimental period commenced, *e.g.*, January 1, 1933, the status of the *Journal* was as follows:

1. During 1932 the circulation of the *Journal* decreased by approximately four per cent.
2. The *Journal* was not self-supporting and was subsidized during 1932 by the Canadian Nurses Association to the extent of $250.00.
3. The deficit, accumulated over a period of some years, amounted to $1,323.89.

It was apparent that in order to attempt to meet the greatly increased operating charges, due to the employment of a full-time editor, that the following measures would immediately have to be taken:

1. Improvement of the format and content of the *Journal* in order to make it more attractive to both subscribers and advertisers.
2. An active campaign to increase circulation.
3. Restriction of operating and promotion expenses to the lowest level possible.

Promotion of any magazine involves expense, especially for stenographic assistance, but under the circumstances it was also necessary to keep expenditures within the limitations envisaged by the Association. This was accomplished by readjusting the amount allotted for the salary of the editor so as to effect: (*a*) an immediate cash reduction of ten per cent; (*b*) a further reduction by an amount sufficient to pay for stenographic assistance. The need for stenographic assistance was increased by the fact that as soon as the terms of the agreement permitted, the services of an advertising representative were dispensed with, and this function was assumed by the editor.

Increase in Circulation

In 1933 the editor visited and addressed provincial and local nursing organizations in every province except Prince Edward Island. Her travelling expenses were provided by the generous assistance of the nursing organizations themselves and were not a tax upon the resources of the *Journal*. It was possible in some of the provinces to arrange for the organization of regional committees in the interests of the *Journal*. The results already obtained by these groups are remarkable and in some parts of the country have far exceeded what might

reasonably have been expected in difficult times.

Financial Status of the Journal

In the first twelve months of the experimental period, and before the promotion campaign was under way, the *Journal* failed to meet the increased overhead charges caused by the employment of a full-time editor and therefore was subsidized by the Canadian Nurses Association to the extent of $2,158.35. For the first five months of 1934 the earnings of the *Journal* have been sufficient to meet all expenditures including the cost of the annual audit and the yearly supply of stationery. Since, however, earnings are always higher during these first five months than during the closing months of the year, it is probable that some subsidy will be required during the coming months. Present indications are that the amount required will be substantially less than in 1933 and may not exceed $1,000.00 (one thousand dollars).

The Functions of the Journal

During the experimental period the functions of the *Journal* have been held to be:

1. To afford a means of dignified publicity for the interests and activities of the Canadian Nurses Association. This is effected in two ways: (*a*) Directly and officially through the medium of the department known as "Notes from the National Office" contributed by the executive secretary of the Association; (*b*) indirectly and unofficially by articles and editorial comment.

2. To interpret to nursing groups in other countries the aspirations and the ideals of Canadian nursing. Repeated reference to Canadian nursing activities in other nursing publications indicates a measure of success.

3. To act as a stimulus toward constructive thinking concerning all nursing problems, educational, technical, and economic, and to reflect, integrate and interpret the thought of Canadian nurses. While it cannot be claimed that this function is, as yet, performed as it should be, nevertheless a beginning has been made. There is a growing tendency toward expression, particularly on the part of the younger nurses, which promises well for the future.

4. To serve equally all the principal branches of nursing service, public health, institutional and private duty, and to avoid sectionalism and narrowness.

5. To be of service to individual nurses and especially to those who practice in isolated parts of the country.

Conclusion

The task of the past seventeen months has not been easy and the path still leads uphill. The measure of success which has been attained is largely due to the magnificent response of nursing organizations and of individual nurses in every part of the Dominion who, sometimes under conditions of extreme hardship, have given practical proof of their faith in the *Journal*. The editor wishes to express her most cordial appreciation of the sympathetic direction and help of the members of the publications committee, Miss F. H. M. Emory, President of the Canadian Nurses Association, and Miss Jean E. Browne, who during this difficult experimental period have given ungrudgingly of their time and effort.

ETHEL JOHNS, Reg. N.,
Editor and Business Manager.

Report of the Publications Committee

The publications committee consists of Miss Jean Browne, Miss Ethel Johns, editor and business manager of *The Canadian Nurse*, and the President of the Canadian Nurses Association as convener. In preparing this report the committee has been mindful of responsibility assumed in making recommendations regarding the future policy of the magazine: an attempt has been made to give weight to the unquestioned value of the *Journal*, on the one hand, and, on the other hand, to make recommendations in terms of the ability of this Association to meet a financial deficit which is likely to occur (in decreasing amounts, it is hoped) over the next five-year period. The Association is asked, therefore, to consider with unusual care the three

recommendations contained in this report:

1. That the Canadian Nurses Association go on record as approving the principle that *The Canadian Nurse* should be self-supporting.

2. That because *The Canadian Nurse* is a trade journal, its circulation is limited to the professional group for which it is published. Its circulation, therefore, can not go beyond 10,000 in the next ten years, unless the population of Canada increases at an unexpectedly rapid rate, or unless schemes of compulsory health insurance provide employment for much larger numbers of nurses. This small potential circulation of a national magazine limits the amount of advertising that can be reasonably expected. Consequently income has to be gauged on a subscription basis.

At present, there are approximately 2,700 subscribers to *The Canadian Nurse*, an increase of about 700 in the last year and a half. At the same rate, it will take about five years to bring the subscriptions up to 5,000. It requires a subscription list of approximatley 5,000 to make the magazine self-supporting and to pay the cost of publishing and salaries as outlined in 3(b), and other necessary expenses. Therefore, if the Association adopts the recommendation contained in 3(a), it must be prepared to subsidize the magazine for the next four or five years,—for 1934 possibly to the amount of approximately $2,000.00, and for the following years possibly for a gradually decreasing amount.

3. (*a*) That dating January 1, 1935, the present editor and business manager be reappointed in that capacity until the date of the General Meeting of the Canadian Nurses Association in 1936, at which time the whole situation and policy of the *Journal* is to be subject to review and re-consideration in view of the circumstances which may exist at that time.

(*b*) That the amount budgeted for salaries for the period mentioned above be at the rate of $4,700.00 per annum and that this sum be allocated as follows:

Editor and business manager	$2,780.00
Bookkeeper and general assistant .	1,200.00
Stenographer	720.00
Total	$4,700.00

(*c*) That the present editor and business manager be granted a vacation of one month in each twelve months of the time she is employed in that capacity.

FLORENCE H. M. EMORY, *Convener.*

GETTING ON WITH THE JOB

GRACE M. FAIRLEY, Convener of the Nightingale Memorial Committee of the Canadian Nurses Association.

It is good news to learn that the Canadian Nurses Association is offering a scholarship to a member of that Association which will enable the fortunate winner to attend the 1935-1936 sessions of the courses given at Bedford College, London, under the auspices of the International Florence Nightingale Memorial Foundation. This announcement reminds us, however, of our financial obligations to the Foundation. At the Biennial Meeting it was decided to raise $1,250.00 annually for a scholarship and a similar sum towards the endowment fund. It is hoped that every Alumnae Association and nursing organization, whether graduate or student body, will remember this international yet personal memorial and, in allocating their disbursements for the year, will make generous provision for it. The personal enthusiasm of every member of the Canadian Nurses Association is necessary if our obligation is to be met, and keen competition between the provinces is looked for by the award committee. We hope to deal with many applications from those eligible to take the course. Further contributions to the fund are hereby acknowledged:

Alberta

A.A. University Hospital, Edmonton	$10.00
Student Nurses, Edmonton General Hospital	5.00

Book Reviews

F. J. SHEPHERD, SURGEON. His life and times by William Boyman Howell, M.D., anaesthetist-in-charge, The Royal Victoria Hospital, Montreal. 251 pages. Illustrated. Price $3.00. Published by J. M. Dent and Sons, 224 Bloor St., Toronto.

In a masterly review of this remarkable book Sir Andrew MacPhail speaks of it as follows:

This book is more than a book; it is a picture. The main figure, Shepherd, is drawn with a true and loving hand, surrounded by his colleagues, friends, and students. There is in all a touch of caricature and even of the comic. The background is equally interesting. Shepherd lived at the juncture of the old and new surgery, and was an apostle of the new. His honesty, courage, and industry, the respect and affection he inspired, left an impress upon McGill and upon the profession throughout the world. The work is not for professional readers alone; it can be read with delight by all who have a taste for art and style, and have a smile to spare for secret wit, irony, and even satire—*but with not a tinge of malice*.

Certainly this book will be read with delight by all nurses who had the privilege of working with this great Canadian surgeon. In one of the many excellent illustrations the present superintendent of nurses in a large western hospital may be seen with Dr. Shepherd, all "scrubbed up" and very intent on her instrument tray. Though there is not much said about nurses and nursing Dr. Shepherd himself is responsible for this ironical sketch of Miss Rimmer, who though not a nurse, was responsible for the nursing service of the Montreal General Hospital in 1878:

Miss Rimmer was a lady of means, but with no hospital experience though with a natural bent for hospital work, and managed not only the hospital but the committee of management as well. Her assistants were the old-fashioned kind who liked the work, younger and somewhat better than those who preceded the Machin regime; kind-hearted and not given to drink. Miss Rimmer managed everything and everybody. She was able to get her own way with both doctors and committee of management. As regards the doctors, she would find some irregularity or contravention of hospital rules which gave her power over them; and she used it. At this time doctors sometimes charged hospital patients and also took house-surgeons with them to help at operations. All this was against the rules. I myself took care to have my skirts particularly clean, so that she could never make any complaint against me.

The change for the better which came about as a result of the organization of the school of nursing by Miss Norah Livingston is referred to several times and there is incidental mention of the contribution made by nurses to the perfecting of aseptic operating-room technic. The appeal of this book is by no means local for it portrays not only the man, but the times in which he lived. The author, who is himself a distinguished physician, has skilfully interpreted that fine spirit which animates Canadian medicine and which compels the admiration and respect of nurses in all parts of the Dominion.

. . . OFF . . . DUTY . . .

We once gazed from a respectful distance . . . at Amelia Earhart . . . who has flown alone . . . across two oceans . . . and yet is quite modest . . . and matter of fact about it . . . She looks a little like Lindbergh . . . the same mop of untidy fair hair . . . and an air of gallantry . . . which stirred something in us . . . though not a desire to fly . . . We are quite aware . . . that we are hopelessly imprisoned in our generation . . . and when we take to the air . . . it will be under our own power . . . no silk and aluminum wings for us . . . Nevertheless we are forced to admit . . . that the future of nursing is in the air . . . literally as well as figuratively speaking . . . Just the other day . . . the British Red Cross Society experimented with a flying hospital . . . and a forty-two seater air liner soared over London for an hour . . . while in its interior nurses waited on "patients" . . . with neatness and despatch . . . Of course, there is nothing startlingly new about this . . . In the United States registered nurses are regularly employed . . . as stewardesses on air planes . . . We once talked to an official about them . . . He explained that they must be young . . . and not too plump . . . and ready to tackle anything . . . from preparing infant feedings . . . to soothing nervous gentlemen . . . who seem disposed to try to raise their drooping spirits . . . to an unsafe altitude . . . by means of alcoholic stimulants . . . The official said that "nurses stand up well in a crash" . . . This struck us as high praise . . . He thinks it is because of their "discipline" . . . and so do we . . . It looks as though Canadian nurses . . . will some day have plenty of opportunity . . . to explore the air lanes . . . especially in the far North . . . One day we glanced out of the window of a train . . . and on a blue lake in New Ontario . . . we saw a sea plane . . . riding on the water like a silver gull . . . Its regular job is to ride herd on forest fires . . . but every now and then . . . they "fly" a doctor . . . or a nurse . . . or sometimes both . . . to a lumber camp . . . or an Indian Reserve . . . That plane started us thinking . . . about the power of the air . . . In Warsaw we were taken . . . to see the air port . . . There, in two long rows . . . wing-tip touching wing-tip . . . were the military planes . . . all facing toward the Polish Corridor . . . Another time we looked out from a high building in New York . . . and saw an United States navy dirigible . . . silver against a turquoise sky . . . and waking one night in a stuffy berth . . . saw a pencil of light sweeping the sky . . . from an air beacon . . . on the Mojave Desert . . . All these things . . . had moved us profoundly . . . Why then are we not "air-minded" . . . as Herr Hitler says we should be? . . . Perhaps because our first experience of aviation was when we saw . . . a nervous pilot . . . at a country fair . . . get his clumsy plane off the ground . . . for about fifty feet . . . before it dropped again . . . We saw the wheels lift from the ground . . . the spirit of man had conquered the power of the air . . . for a brief moment . . . before it took its revenge . . .

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News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

CALGARY: The quarterly business meeting of the Calgary Association of Graduate Nurses was held on December 18 with the president, Miss Gilbert, in the chair. A bridge party will be given to raise funds for this year's contribution to the Nightingale Memorial Foundation. Hearty approval was given to the establishment of a Nurses' Registry by Miss Maberly in connection with the Group Nursing Society. There has been no central registry in Calgary since the Association had to close that sponsored by them because of lack of funds, nearly two years ago, and it is felt that one under the auspices of the new group will be of great service to the public, doctors and nurses.

MARRIED: On Sept. 12, 1934, Miss Hannadell Cameron (R.A.H., 1934), to Mr. Robert Carmichael.

MARRIED: On August 6, 1934, Miss Esther Gertrude Gerry (R.A.H., 1930), to Mr. Maurice Hallett.

MARRIED: On Sept. 14, 1934, Miss Goldie McDiamid (R.A.H., 1925), to Mr. A. G. Jones.

MARRIED: On August 14, 1934, Miss Louva Wilkinson (R.A.H., 1932), to Mr. Wm. A. Hecko.

MARRIED: On Sept. 12, 1934, Miss Phyllis Petty (R.A.H., 1931), to Mr. Alexander Baird.

BRITISH COLUMBIA

VANCOUVER: The offices of the Graduate Nurses Association of British Columbia has been moved from room 516 to room 520, Vancouver Block, Vancouver.

VANCOUVER: Friends of Mrs. Eve D. Calhoun, formerly superintendent of the Vancouver branch of the Victorian Order of Nurses will be interested to hear of her appointment as territorial supervisor for the Metropolitan Life Insurance Company welfare division. Her territory comprises Ohio, West Virginia and Kentucky.

MANITOBA

WINNIPEG: Provincial Health Nursing Service: Miss C. Taylor who resigned from the staff to take charge of Junior Red Cross work in Toronto was, prior to her departure, guest of the Nurses' Social Club at a delightful dinner party. Miss K. Arthur is on temporary duty at a special V.D. clinic in St. Lazare district and Miss W. Barratt is also on temporary duty in connection with toxoid clinics in Manitou district. In connection with the organization of the St. Boniface Health Unit, Miss A. Laporte and Miss I. Broadfoot resigned from the staff to accept appointments in the nursing service of the Unit. Miss Winona Spence has been appointed staff nurse at the Mayo Landing Hospital in the Silver Mines of the Yukon. She sailed from Vancouver to Shagway, Alaska, and journeyed by rail to White Horse, and rest of the way to Mayo Landing by coach and dog team.

Miss M. Ring reports the following incidents while working in Mafeking in connection with toxoid clinics: "One home visit proved rather amusing, when the mother of two children told me, 'Yes, I admit you are right, the children should get treatment but I don't know about mine, my mother did not have us treated like that and besides, I have my convictions.' In spite of the 'convictions', she brought her children to the clinic. Just as we were ready to start the first clinic, in fact we were filling the syringes, when the school room door opened, and a young woman walked in carrying two small children, one balanced on each hip. She came straight up the aisle, put one child on the desk in front of the doctor, and the other in my arms, saying, 'Please do them first, I left my bread in the oven!' Her instructions were carried out." In Fisher Branch, Miss B. Altman relates an embarrassing situation which turned into a most satisfactory one: "While doing a class room inspection in one of the rural schools I found that soap and water were not made use of to any great extent. Apparently my talk on cleanliness must have been more forceful than I thought, for when I arrived the second time the minute I walked into the room all the pupils left the class room. I will admit I feared I had made a wrong impression and both the teacher and I looked out of the window to see what had happened. The entire class made one rush for the pump, some with their towels, others with soap and the wash basin, some trying to wash while a chum pumped the water, unable to wait their turn at the basin. It was a most amusing sight."

During the year changes have occurred in the public health nursing service as follows: Miss B. Altman appointed to Chatfield and Fisher Branch; Miss N. Anderson transferred from Rorketon and Alonsa districts to public service nursing in Brandon; Miss M. Kingersky transferred from Chatfield and Fisher

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Branch to unorganized territory north of Swan River; Miss M. E. Ring transferred from Swan River to the municipality of Lawrence; Miss A. Steel appointed to West Kildonan; Miss J. Rea assigned to the dried-out area in the southern part of the province for general health and public health service.

WINNIPEG: A special meeting of the members of the Manitoba Association of Registered Nurses was held recently when Miss Ruby Simpson, O.B.E., President of the Canadian Nurses Association, gave an address, her subject being "The advisability of appointing a training school adviser for the province of Manitoba."

NEW BRUNSWICK

FREDERICTON: The regular meeting of the local Chapter of the N.B.A.R.N. was held on January 7 with the attendance of twenty-four members. There was a discussion of the amendments of the constitution and by-laws of the association and at the conclusion of the meeting a musical programme was enjoyed.

SAINT JOHN: The Alumnae Association of the Saint John General Hospital met on December 3 and, after the business meeting, the members participated in a quilting party, the proceeds of which are to be given to the Victorian Order of Nurses. In honour of Mrs. Stanley Rankin the nursing staff of the Saint John Tuberculosis Hospital and the members of her class in the School of Nursing of the General Public Hospital arranged an entertainment when she was the recipient of a shower of useful gifts and, in addition, Dr. L. MacPherson, on behalf of the staff of the Saint John Tuberculosis Hospital presented her with a walnut table and a floor lamp. Mrs. J. Gray and Miss I. Burns were joint hostesses at a subscription bridge, the proceeds of which will be added to a fund which is being collected by members of the Health Centre staff in order to wipe out the deficit on the Gyro Fresh Air Camp.

WOODSTOCK: The regular meeting of the Alumnae Association of the L. P. Fisher Memorial Hospital was held recently with Mrs. Harry Dunbar in the chair. At the close of the business session Dr. E. F. Woolverton gave a very helpful lecture on pneumonia.

NOVA SCOTIA

HALIFAX: Miss Ethel Chisholm who has been attached to the Mission Hospital in Formosa for the past five years returned recently on furlough, and gave an interesting talk to

the nurses of the Victoria General Hospital, of which she is a graduate. Constable Michael Quinn, R.C.M.P., a graduate of the Victoria General Hospital, recently visited Halifax. He has been stationed in the Far North for the past two years. Miss Jean Nelson, Assistant Superintendent of Payzant Memorial Hospital, Windsor, was recently a guest of Miss M. Graham.

MARRIED: Miss Dorothy Wentzell (V.G.H., 1932), was married recently to Mr. Robert Stetson.

ONTARIO

DISTRICT 1

LONDON: The Ontario Hospital Alumnae Association recently held their regular meeting with Miss Williams presiding. It was decided to send donations to various charitable organizations. Dr. Stevenson, superintendent of the Ontario Hospital, gave an interesting address. Miss M. L. Jacobs was hostess, assisted by Misses N. Williams, L. Lindsay, L. Kelly, I. Wilson and D. Kennedy.

MARRIED: On January 1, 1935, Miss Jennie Mae Blue (Victoria Hospital, 1927), to Mr. Hector McCallum.

DISTRICTS 2 AND 3

BRANTFORD: Mrs. W. H. Andrews (nee Clara Kelly), recently entertained the 1921 graduating class, B.G.H., in honour of Miss Florence Westbrook. Dr. S. Y. Chao, Fowchow, Szechwan, who is taking a postgraduate course at the University of Toronto, was a recent visitor at the Brantford General Hospital. Dr. Chao, and Miss I. McIntosh, who is home on furlough from her post in China, were entertained at dinner recently by Miss E. M. McKee.

MARRIED: On December 20, 1934, Miss Margaret MacCormack (B.G.H., class 1925), to Mr. Albert Erwin.

BRANTFORD: Miss E. Jackson, teacher of the auxiliary class of the Brantford public schools, was the speaker on Dec. 4 at the meeting of the Alumnae Association of the Brantford General Hospital. Her address was much enjoyed. Miss N. Yardley (B.G.H., 1927) has accepted the position of industrial nurse at the Slingsby Manufacturing Co.

MARRIED: On Dec. 1, 1934, Miss Laura Palmer (B.G.H., 1930), to Mr. Carl Windrim.

GALT: At the annual meeting of the Alumnae Association, the following officers were elected: President, Miss E. Hyslop; vice-president, Miss J. Bell; secretary, Miss S. Post; assistant secretary, Miss B. Gibbons; treasurer, Miss H. McLaughlin.

MARRIED: On Dec. 15, 1934, Miss Margaret F. Hubert, to Mr. Earl P. Ronnald.

GUELPH: The Guelph General Hospital Alumnae Association recently gave a successful dance with an attendance of three hundred. The patronesses were: Miss S. A. Campbell, Miss L. Ferguson, Mrs. J. H. King, Mrs. T. M. Savage, Mrs. H. O. Howitt and Mrs. W. A. Proud. The proceeds will purchase a new Hospital Doll for the School. Miss W. Ashplant, who has been in charge of the V.O.N., in Guelph, for the past three years has been awarded a Rockefeller Scholarship. She is leaving the first of the year to take postgraduate work at Columbia University and Lobenstine Clinic. This is a splendid opportunity and the congratulations and best wishes of her many friends are extended to her. Miss I. Pringle has returned from Perth, where she was engaged in public health work. Mrs. M. E. Cockwell, organizer for the home nursing classes, Guelph branch, Ontario Red Cross, has outlined a constructive programme for the season. The following are the teachers: Misses M. Anderson, Cheaney, Stallibrass and Mrs. Simpson.

GUELPH: The officers of the Alumnae Association for 1935 are as follows: Hon. President, Miss S. A. Campbell; president, Miss K. Cleghorn; first vice-president, Miss E. Eby; second vice-president, Miss P. Rowland; secretary, Miss N. Kenney; treasurer, Miss M. Wood; *conveners*: social committee, Miss M. McFarlane; programme committee, Miss A. Fennel; flower committee, Miss I. Wilson; representative to *The Canadian Nurse*, Miss B. MacDonald.

DISTRICTS 2 AND 3

KITCHENER: Miss Mabel Wright and Miss Betty Adair have completed a postgraduate course in orthopedics at the Shriners' Hospital, Montreal.

MARRIED: On November 17, 1934, Miss Edna Seiling (K. and W. H., 1931), to Mr. Roy Guenther.

WOODSTOCK: Miss M. Costello, president of the Alumnae Association, recently entertained at a "get together" evening. The funeral of Mrs. Harry Sterling (Hannah Brown, W.G.H., 1932) was held on November 10, 1934. Members of the Alumnae Association, in uniform, formed a guard of honour.

MARRIED: On Nov. 1, 1934, Miss Margaret Berst (W.G.H., 1931), to Dr. John Hall.

MARRIED: On September 22, 1934, Miss Isabel Kelsey (W.G.H., 1930), to Mr. Marshall Bruder.

DISTRICT 5

TORONTO: St. Michael's Hospital: Miss Marion Topham and Miss Margaret Birns (class of 1932), having completed postgraduate courses at the Mayo Hospital, Rochester,

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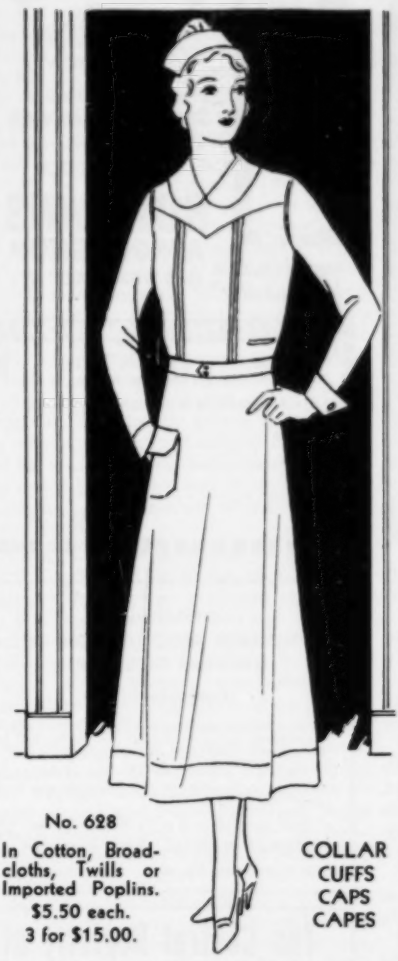

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Minn., have received appointments on the operating room staff of the hospital. The annual dance of the Alumnae Association of St. Michael's Hospital was held recently under the convenership of Miss Bernice Quilty and was very successful in raising funds for a scholarship for 1935.

MARRIED: On November 10, 1934, Miss Marjorie Doherty (St. Michael's, 1931), to Mr. John D. Powers.

MARRIED: On August 18, 1934, Miss Isabel Meagher (St. Michael's, 1926), to Mr. Aubery Jewell.

MARRIED: On November 7, 1934, Miss Mary Munson (St. Michael's, 1932), to Mr. James Francis.

TORONTO WESTERN HOSPITAL: The Alumnae Association is having a refresher course including practical demonstrations and lectures. Miss Benita Post has returned from Chicago after completing a postgraduate course at the Michael Reese Hospital. Miss Maude Campbell (1931), is taking the course in teaching and administration at McGill School for Graduate Nurses.

MARRIED: On November 24, 1934, Miss Irene M. Amey (T.W.H., 1928), to Mr. Ross Solomon.

MARRIED: On December 24, 1934, Miss Bonnie Bailey (T.W.H., 1934), to Dr. D. Revelle.

MARRIED: On December, 1934, Miss Frances Bradshaw (T.W.H., 1929), to Mr. Ray Lougheed.

MARRIED: On September 15, 1934, Miss Elizabeth Hamilton (T.W.H., 1924), to Mr. Donald Lloyd Wickham.

MARRIED: On December 25, 1934, Miss Helen Milne (T.W.H., 1931), to Mr. Carson Eddy.

MARRIED: In October 1934, Miss Myrtle Rae (T.W.H., 1932), to Mr. Herbert Holland.

MARRIED: On January 2, 1935, Miss Lillian Wilson (T.W.H., 1932), to Dr. Geo. Seymour.

DISTRICT 6

BELLEVILLE: Miss Rea Wager (1930), has taken a position in the Alexandra Hospital, Montreal.

MARRIED: On December 4, 1934, Miss Ruth Bell (1933), to Mr. Alfred Evens.

PETERBORO: The annual dinner of the Alumnae Association of Nicholls Hospital was held recently with a large attendance which included the graduate nurses of the city, the staff doctors and their wives and representatives of the local Board of Health. Dr. W. J. Bell, Deputy Minister of Health, was guest speaker, and gave an interesting address which confined itself mainly to an outline of the background of the medical and

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C.N-2-35

GRADUATE NURSES ASSOCIATION OF BRITISH COLUMBIA

(Incorporated 1918)

An examination for the title and certificate of Registered Nurse of British Columbia will be held April 17th, 18th, and 19th, 1935.

Names of candidates for this examination must be in the office of the Registrar not later than March 18th, 1935.

Full particulars may be obtained from:

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nursing professions. Mrs. Dorothy Allen Park was guest soloist.

QUEBEC

VICTORIAN ORDER OF NURSES, MONTREAL BRANCH: Miss Agnes L. Hartman, B.A., Western University, Miss Helen Reid, B.A., graduate of the Royal Victoria Hospital and the McGill Course in public health nursing, Miss Marjorie McKinnon and Miss Lyle Willis, both graduates of the Montreal General Hospital and the McGill Course in public health nursing, have been appointed to the staff of the Montreal branch of the V.O.N. Miss Anne Sutherland, who has been a member of the staff for the past five years, has resigned to be married. Miss Esther Lewis, B.A., assistant supervisor of the North District, rceently spent two weeks in New York observing work at the Henry Street and Brooklyn Visiting Nurse Associations. Miss Marion Nash, educational director of the Montreal branch, is assisting with supervision in the Ontario branches for a few weeks. Dame Janet Campbell recently gave a very interesting address to a joint meeting of the V.O.N. and the Child Welfare Association staffs. Tea was served by the Victorian Order of Nurses' Board, and board members of both organizations were present.

ROYAL VICTORIA HOSPITAL: News of the recent honour of the Order of the British Empire which has been conferred upon Miss M. F. Hersey, has been received with the greatest delight by Royal Victoria Hospital graduates all over the world. The annual meeting of the Alumnae Association of the Royal Victoria Hospital was held on January 9 when an excellent annual report was presented by the President, Miss M. F. Hersey, and annual reports from the various officers were received. Miss Edith Harding has resigned as Assistant Night Supervisor, Royal Victoria Hospital, and has left for her home in Regina. She will be replaced by Miss Molly Stevens (R.V.H., 1932).

MONTREAL: Miss Helen Buck, a graduate of the School of Nursing of the Royal Victoria Hospital, recently sailed for England where she will spend several months in study and observation in hospitals and schools of nursing. Her course has been arranged under the auspices of the Committee for Exchange of Nurses which is sponsored by the Canadian Nurses Association.

MONTREAL: Miss Caroline V. Barrett, President of the Association of Registered Nurses of the Province of Quebec, entertained delightfully at tea recently in honour of Miss E. Frances Upton, many of whose

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friends gathered to congratulate her on having rounded out twenty-five years of active service in the nursing profession.

MARRIED: Recently in Montreal, Miss E. Bottomley (C.M.H., 1932), to Mr. Norman Page.

QUEBEC: The superintendent and nursing staff of Jeffery Hale's Hospital were at home to all graduate nurses on New Year's Day. The reception was well attended both by outside as well as by local graduates. Miss Elsie Walsh, convener of the private duty section, received with Miss Armour. The tea table was presided over by Mrs. F. Mahon, R.R.C. and Miss V. Tremaine, R.R.C. The Misses M. Doddridge, K. Ross, M. Shannon and I. Gourley (all recent graduates), assisted in serving.

SASKATCHEWAN

SASKATOON: Miss Alice Johnson is convalescing at the home of her sister. Miss Olive Dowler is relieving in the diagnostic clinic, of the Saskatoon City Hospital.

MARRIED: On December 13, 1934, Miss Margaret H. Kettles (S.C.H., 1932), to Mr. Wilfred A. Willy.

MARRIED: On January 1, 1935, Miss Jessie I. Pearce (S.C.H., 1926), to Mr. William Charles Walker.

OBITUARY

BATTY—In May, 1934, Leila Batty (Toronto General Hospital, 1891), formerly of Shanghai, China.

COTTRELL—On May 3, 1934, Mrs. V. Cottrell (Irene Drury, Toronto General Hospital, 1921).

DUNCAN—In June, 1934, Mrs. E. J. B. Duncan (Minnie Samson, Toronto General Hospital, 1907).

EASSON—On December 9, 1934, at the East Saint John Tuberculosis Hospital, Mary H. Easson, a graduate of the School of Nursing of the Saint John General Public Hospital, class of 1910.

ELLIOTT—The death occurred recently of Miss Margaret Elliott, a member of the class of 1912 of the School of Nursing of the Kitchener and Waterloo Hospital. Miss Elliott was a well-known private duty nurse who took an interest in all nursing activities and will be greatly missed by a wide circle of friends and personal associates.

FISHER—The death of Frances E. Fisher occurred on December 24, 1934, at her home in Glanworth. She was a member of the class of 1915 of the School of Nursing of the Victoria Hospital, London, Ont. Miss Fisher served as a Nursing Sister with the C.A.M.C. No. 12 Bramshott Hospital during the Great War. Prior to her death she was a member of the nursing staff of the Westminster Hospital.

MUNDELL—On Nov. 20, 1934, at Orillia, there passed away Miss Jessie Mundell (H.G.H., 1933), at the early age of 24 years.

ROSE—In July, 1934, Agnes Rose (Toronto General Hospital, 1883).

We wake and whisper awhile, but the day gone by,
silence and sleep like fields of amaranth lie.
—WALTER DE LA MARE.

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International Council of Nurses:

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SASKATCHEWAN

Moose Jaw Graduate Nurses Association

Hon. President, Mrs. M. Young; President, Miss A. Meadows; First Vice-President, Mrs. Metcalfe; Second Vice-President, Miss C. Kier; Secretary-Treasurer, Miss J. Moir, General Hospital, Moose Jaw; Registrar, Mrs. Metcalfe; *Committees: Nursing Education*, Mrs Young, Sr. Mary Helena; *Public Health*, Miss Smith; *Private Duty*, Miss Cowgill and Miss Coventry; Programme, Miss L. Carter; Press, Miss Mutrie; Social, Miss French; Sick Visiting, Miss Armstrong; Representative to *The Canadian Nurse*, Miss M. Armstrong.

Alumnae Associations

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A.A. University of Alberta Hospital, Edmonton

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A.A., L. P. Fisher Memorial Hospital, Woodstock

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A.A., Brockville General Hospital

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A.A., St. Joseph's Hospital

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A.A., Cornwall General Hospital

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A.A., Galt Hospital

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A.A., Hamilton General Hospital

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A.A., St. Joseph's Hospital, Hamilton

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A.A., Orillia Soldiers' Memorial Hospital

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A.A., Oshawa General Hospital

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A.A., Stratford General Hospital

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TORONTO

A. A. Grace Division, Toronto Western Hospital

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A.A., St. Michael's Hospital

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A.A., Toronto General Hospital

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A.A., Toronto Orthopedic and East General Hospital Training School for Nurses

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A.A., Wellesley Hospital

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A.A., Women's College Hospital

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A.A., Connaught Training School for Nurses Toronto Hospital, Weston

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A.A., Grace Hospital

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WOODSTOCK

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